

Remarks Concerning the Amendments

The above amendments have been made to add parallel claims in an alternative format to improve the quality and scope of claims pending in this application.

Antecedent basis for new claims 14 - 18 may be found generally in the specification and, for example, in paragraphs [0020 - 0025] of the Published US patent Document.

ARGUMENTS IN RESPONSE TO RESTRICTION REQUIREMENT**Comments on the Examiner's Objections:**

The Examiner rejected claims 1-6 and 9-13 under 35 USC § 103. Applicants respectfully submit that the cited art fails to anticipate or render obvious claims 1-6 and 9-13 and accordingly traverse the above rejections for the reasons set forth below.

Claim Rejections - 35 USC § 103

The Examiner rejected claims 1, 3-6 and 9-13 under 35 USC § 103(a) as allegedly being unpatentable over Gaylord (US Patent 6,852,088). The Examiner also rejected claim 2 under 35 USC § 103(a) as allegedly being unpatentable over Gaylord (US Patent 6,852,088) in view of Castel (US Patent 6,068,606).

The Examiner asserts that it would be obvious to one of ordinary skill in the art to size the knee support in Gaylord to fit around a user's chest. However, the knee support shown in Gaylord works in a completely different way to the chest support of the present invention. The knee support described in Gaylord is for treating conditions such as patellar tendonitis and cruciate ligament damage (see column 1, lines 9-21). As is discussed column 1, lines 22-26, such knee supports are required to provide a significant amount of pressure on the patient's knee in order to alleviate discomfort. As is discussed in this passage of Gaylord, the problem with knee supports generally is that they do not provide enough pressure to the patient's knee.

In contrast, for a chest support it is important that the pressure applied to a patient's chest is not too high (i.e., the patient's chest should be supported without being compressed) since this will inhibit a patient's respiration. The resizing suggested by the Examiner would therefore not be considered by one of ordinary skill in the art because it would result in a clearly impractical and unusable chest support.

As is stated at column 7, lines 7-18, of Gaylord, the knee support includes a tensioning device 40 which the Examiner characterizes as the tensioning means of claims 1 and 9. Tensioning device 40 includes a short rod 42 formed from semi-rigid material. The short rod is preferably a neoprene or nylon braided cord.

The tensioning device 40 also includes a pliable pressure applicator 45 which, when stretched, applies a radially directed force on the rod 42. This causes the rod to compress against a predetermined area of the knee. Thus, the knee support of Gaylord provides radial compression on particular parts of the knee. This is completely different to the type of support that is required from the chest support of the present invention, which must laterally support the chest without actually compressing the chest. Thus, as well as the level of pressure provided by the Gaylord knee support being significantly higher than that of a chest support, the concentrated radial compression that Gaylord provides is completely different from the type of support required from a chest support. This is a further reason why one of ordinary skill in the art would not resize the Gaylord knee support to fit around a patient's chest.

In addition, Gaylord does not disclose tensioning means to vary the tension of the band as required by claims 1 and 9. As is clear from the passage of Gaylord referred to above, the tensioning means (tensioning device 40) are for bending the short rod 42 and these means have no effect on the tension of strap 11 (which the Examiner characterizes as the band of claim 1). The tension of the strap 11 is determined by the way in the ends 12, 13 of the strap 11 are attached to the outer surface 20 of the front face 14 (see Column 7, line 66 to Column 8, line 15 and Figures 7-9).

Column 7, lines 7-18, of Gaylord states that the tensioning device 40 includes pliable pressure applicator 45 which bends the short rod 42 so that it provides compression to the knee. The applicator 45 includes two patches of elastomeric material 47, 48 which are sewn together to form a central patch 51.

Column 8, lines 16-34, of Gaylord, explains what happens to central patch 51 during use. In particular, this passage mentions that pulling patches 53 away from each other causes central patch 51 to stretch and expand in length within compartment 60. The location of central patch 51 in compartment 60 is shown in Figures 4 and 5. The expansion of central patch 51 generates a bending force on rod 42 so that it provides a radial force to the wearer's knee.

These drawings and the associated description show that central patch 51 is not part of strap 11, but that instead it sits in compartment 60. Thus, the knee support of

Gaylord does not have tensioning means that vary the tension of the band as required by claims 1 and 9 of the present application.

Since the tensioning device 40 of Gaylord does not vary the tension of the band, the Gaylord knee support also does not return to its initial tension when the patient releases the tensioning means as required by claims 1 and 9.

In addition, the tensioning means of the Gaylord knee support (pulling patches 53) only provide compression when they are fastened and they only return to their original tension by unfastening. The handles of the present invention work in a completely different way. The handles of the present invention are brought together by a temporary action from the patient, i.e., by grasping the handles and bringing them together. When this happens, the chest support of the present invention is stretched, thereby giving additional temporary support to the chest. This is needed when the internal chest pressure rises, for example when the patient coughs or sneezes. Once the patient ceases this temporary action, the chest support of the present invention returns to its initial tension.

Please note that the NEW claims 14-18 require that the tensioning means automatically returns to the base tension level when pulling or pushing stops. There is no locking position in this action so that when patient ceases manual operation of the handles, the base tension is returned to. This provides a rapidly controllable and transitory pressure adjustment fully within the control of the patient. There is immediate responsiveness to the pressure control because there is no locking function in the tensioning operation. (One may be provided as an alternative, but these claims recite that no locking mechanism is effected in the process or present in the support of claims 14-16)

REMARKS

If the Examiner believes that there are any issues that can be clarified or resolved by a telephone communication, the Examiner is respectfully invited to the below attorney of record, Mark A. Litman, at 952.832.9090, during regular business hours.

Respectfully submitted,
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The undersigned hereby certifies that this Transmittal Letter and the paper or fee, as described herein, are being sent by facsimile transmission or deposited with the United States Postal Service FIRST CLASS POSTAGE PREPAID and is addressed to the Assistant Commissioner for Patents, Box AMENDMENT, PO BOX 1450, Alexandria, VA 22313-1450.

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